Application Data Sheet

APPLICATION INFORMATION

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	3726
CD-ROM or CD-R?::	None
Number of CD Disks:	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable From (CRF)	?:: No
Number of Copies of CRF::	
Title::	METHOD FOR MONITORING PROPER FASTENING
	OF AN ARTICLE OF ASSEMBLY AT MORE THAN
	ONE LOCATION
Attorney Docket Number::	502639
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	8
Small Entity?::	Yes
Latin Name::	
Variety denomination name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name:: A.

Family Name:: Walt

Name Suffix::

City of Residence:: DeKalb

State or Prov. of Residence:: IL

Country of Residence:: US

Street of mailing address:: 520 Normal Road

City of mailing address:: DeKalb

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60115

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Samuel

Middle Name:: A.

Family Name:: Walt

Name Suffix::

City of Residence:: DeKalb

State or Prov. of Residence:: IL

Country of Residence:: US

Street of mailing address:: 309 Ash Court

City of mailing address:: DeKalb

State or Province of mailing address:: IL

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Country of mailing address::

Postal or Zip Code of mailing address:: 60115

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23626

Phone:: (815) 963-7661

Fax:: (815) 963-7664

E-mail Address:: rockmail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23626

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

US

This Application Division of 09/992,326 11/19/01

ASSIGNEE INFORMATION

Assignee name:: LMS-Walt, Inc.

Street of mailing address:: 1140 South Seventh Street

City of mailing address:: DeKalb

State or Province of

mailing address:: IL

Country of mailing

address:: US

Postal or Zip Code of

mailing address:: 60115